

PLAINTIFF EDWARD T. KENNEDY	COURT CASE NUMBER 5:18-CV-00214-JLS
DEFENDANT EQUIFAX, INC., ET AL.,	TYPE OF PROCESS Service of Process

NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**SERVE** { GREGORY JOSEPH DECHURCH FOR AMERICAN BANKERS INSURANCE COMPANY OF AMERICA  
**AT** { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 111222 QUAIL ROOST DRIVE, MIAMI, FL 33157

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 3 *
EDWARD T. KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of parties to be served in this case 8
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

**FILED**

Fold

- \* Summons, Complaint, and Plaintiff's First Amended Complaint
- \*\* Mr De Church is General Counsel for the Defendant,  
AMERICAN BANKERS INSURANCE COMPANY OF AMERICA.

AUG - 2 2018

KATE BARKMAN, Clerk  
By \_\_\_\_\_ Dep. Clerk

Signature of Attorney other Originator requesting service on behalf of <i>T. T. K.</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER 415 275 1244	DATE June 5, 2018
	<input type="checkbox"/> DEFENDANT		

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 66	District to Serve No. 004	Signature of Authorized USMS Deputy or Clerk <i>M. Shinsky</i>	Date 6/21/18
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <i>Tracey Cohen, Paralegal</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode		
Address (complete only different than shown above) <i>111222 Quail Roost Drive, Miami, FL 33157</i>	Date 7-11-18	Time 1:35	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>		

Service Fee <i>\$165.00</i>	Total Mileage Charges including endeavors including endeavors	Forwarding Fee <i>\$8.00</i>	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS *7-11-18 personally served Paralegal Tracey Cohen who stated  
She is authorized to accept for Gregory DeChurch.*

PRINT 5 COPIES. 1 CLERK OF THE COURT

2 USMS RECORD

3 NOTICE OF SERVICE

4 BILLING STATEMENT\*. To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal

5 ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED